



City of Gilmer Public Information Request Form

Date: _____

Name: _____

Company/Firm Name: _____

Address: _____ City: _____ Zip: _____

Email address: _____ Daytime telephone number: _____

Information requested (In order for us to complete your request, it should be as specific as possible):

Please indicate if you would like to:

View the information requested

Receive copies of the information

Signature: _____ Date: _____

Request received by: _____ Date: _____

Approved Not approved by City Secretary _____ Date: _____

Total amount due to City for copies, etc.: _____

Sent to City Attorney for opinion: Date _____

Sent to Attorney General for opinion: Date _____

Final disposition: Request completed: Date _____